

ASSESSMENT OF HEALTH WORKFORCE PILOT PROJECT (HWPP #171)
Planned Parenthood of San Diego (PPSDRC)
January 12, 2010

1. EVALUATION TEAM COMPOSITION

Healing Arts Boards:

- California Medical Board
Linda Whitney, Chief of Legislation
Kelly Nelson, Legislative Analyst

Consultant

- UCD FNP/PA Program
Shelly Stewart, APRN CS, FNP, PA C, MSN

Related Professional Associations

- American College of Nurse Mid-Wives
Leslie Cragin, CNM, PhD, FACNM
- American College of OB-GYN, District IX –CA
Phillip Diamond, MD
- American Nurses Association/CA
Liz Dietz, EdD, RN, CS-NP
- Assoc. of Reproductive Health Professionals
Rivka Gordon, PA-C, MHS

OSHDP

Angela L. Minniefield, MPA, Deputy Director
Konder N. Chung, Chief - Access to Care Section
Gloria J. Robertson, HWPP Program Administrator

2. HWPP #171 TEAM REPRESENTATIVES

Molly Battistelli, HWPP #171 Project Director
Diana Taylor, RN, PhD, Principal Investigator, HWPP #171
Angela Reed, Senior Vice President/Patient Services, PPSD
Katherine Sheehan, MD, Medical Director, PPSD
Cindy Dickinson, PPSD
Adriana Barajas, PPSD

Purpose: To evaluate the project progress in meeting its stated objectives and in complying with program statutes and regulations. This site visit is to assess the training of the San Diego Planned Parenthood Clinic Trainees.

Method: Interviews with HWPP #171 Clinic Administrative Team, Trainees and Preceptors, Review of Curriculum/Protocols, Review of Medical Records Abstractions and Patient Satisfaction Summary

3. PRE-ASSESSMENT TEAM CONFERENCE DISCUSSION

OSHDP Staff and Evaluation Team

Agenda Modification

The evaluation team members asked that the agenda be modified to spend more emphasis on the interviews and clinical records assessments, and assess the administrative aspects last. Purpose for the move was to focus more on the sites issues, e.g. assess the skills of the ACPs, where they need to improve, and assess the learning curve.

4. SITE VISIT PROTOCOLS – REVIEW AND DISCUSSION

HWPP #171 Project Director, Molly Battistelli, discussed the HIPPA confidentiality forms, site sensitivity to Project participants and participating patients. Confidentiality forms were provided to each member of the evaluation team to review and sign. The site's research coordinator, assigned to oversee the development of the clinical records abstractions submitted her signed certification form to OSHDP-HWPP program administrator certifying that the data pertains to the HWPP #171 project.

HWPP #171 Project Director, Molly Battistelli, provided an overview of the training status for HWPP #171. The information given was repetitive from the Jan 11, 2009 meeting. However, the information provided was for the benefit of the PPSD staff and the evaluation team members who were not at the LA site.

Planned Parenthood of San Diego has seven APCs participating in the pilot project. Four APCs are scheduled for interviews at this visits, one who had been interviewed last year and now has two years of employment/utilization experience to share.

The clinical records that will be reviewed during the site visits of January 11-12, 2010 represent data from the timeframe of December 1, 2008 through August 31, 2009.

5. ASSESSMENT OF OPERATIONS

The evaluation team used the Administrative/Operations Site Assessment Form to evaluate the site's administrative records. The findings are as follows:

Health & Safety Code

- **Section 128165 (c): Implications of the project for health services curricula and for the healthcare delivery system.**

California Code of Regulation (CCR)

- **Section 92306: Curriculum**

- The training curriculum is available at all times for trainee or preceptor use at the clinical site, and is available online. The clinical protocols were available for the evaluation team's review. One comment regarding the protocols was that they were thorough and complete.
- **CCR Section 92311: Trainee Information & Preceptor Information**
 - The licensing information of the APCs and preceptor was reviewed by one of the evaluation team members. The document is kept in the administrative office. A monthly training schedule for the trainees was available.

Health & Safety Code

- **Section 128150: Any patient being seen or treated by a trainee shall be apprised of that fact and shall be given the opportunity to refuse treatment. Consent to the treatment shall not constitute assumption of the risk.**
- **CCR Section 92309: Informed Consent**
 - A copy of a blank informed consent form was available for review.

Health & Safety Code

- **Section 128165 (e): The Quality of Care and Patient Acceptance of the Project**
- **CCR Section 92308: Monitoring**
 - Each APC keeps an observed competency assessment log. All of the forms were signed by the preceptor. The evaluation team reviewed seven APC observed competency assessment logs. The logs reflected (a) completion dates for the didactic and clinical training phases, (b) the number and categories of clinical procedures observed by the preceptor, and (c) the assessment of the trainee's skills which listed the skill set and the rating. Rates of complications cited by the HWPP #171 representatives were 1.3% to 1.4%.
 - Comment: (a) The assessment of skills section has the following categories: not rated, beginner, developing competence, and competent. The evaluation team was pleased to review the logs. However, the evaluation team would like to see a complete set of assessment logs for a trainee that shows the rating from beginner to competent. They wish to assess the learning curve for the trainees. (b) One evaluation team member felt that it was essential to have clinicians on the review team to review redacted medical records of patients for incidents and to assess the quality of decision-making, recordkeeping and clinical procedures performed.
- **CCR Section 92603: Site Visits**

The PPSD has a project safety committee for the clinic as well as responding to the requirements of the HWPP #171 Data and Clinical Safety Committee which meets annually to review information regarding the safeguards of all HWPP #171 participating patients.

6. PRECEPTOR INTERVIEWS

The evaluation team used the Preceptor Site Assessment Form to evaluate the site's preceptor. The interview with the preceptors was to illicit training assessment for the APCs. The evaluation team used the Preceptor Site Assessment Form to evaluate the sites preceptors. A total of 3 preceptors oversee the training of the APCs at this site. Two of the three preceptors were available for interviews. The findings from the interviews are summarized as follows:

Health & Safety Code

- **Section 128165 (a): The new health skills taught or extent that existing skills have been reallocated**
- **Section 128165 (d): Teaching methods used in the Project**
- **CCR Section 92603 (c): Interviews with project participants and recipients of care**
- **T-20** has worked full time with Planned Parenthood since 2002, is currently an associate medical director of the clinic, supervises and teaches ob-gyn to residents and first trimester abortions to APCs. The APC training is one day per week. T-20 indicated that a nurse mid-wife working in private practice was the inspiration to become a part of this pilot project.
- T-20 indicated that the preceptor's role in the pilot project is to guide the APCs learning first trimester procedures, inspire the APCs to have good judgment, to consult and refer. T-20 indicates further that APCs are use to following protocols and policies of their scope practice. T-20 expects the APCs to act more independently. T-20 feels comfortable in the role of preceptor for this project. T-20 provides instructions to the APCs (step-by-step) up to forty cases and is available to the APCs as they perform the next sixty cases.
- T-20 indicates that the clinic follows the HWPP #171 protocol for patient participating and assignments to the APCs.
- (In aggregate) T-20 indicates that the APCs strengths are in the (a) humility that is exhibited toward their assigned patients, (b) making the patient comfortable, and (c) competent with critical thinking skills. T-20 indicates that the APCs weaknesses exhibited during the first forty cases of clinical training was intimidation but progressed thereafter.
- (In aggregate) T-20 indicated that the APCs experienced one unusual occurrence during the clinical performance – a bi-coronate uterus. T-20 indicated that referral polices are in place, but there have not been ay referral from the APCs.
- Regarding the APCs preparation for the employment/utilization phase, T-20 indicates that the APCS are ready for this phase of the pilot project. "There may be some psychological dependence on the presence of the preceptor." During the training phase, APCs follow-up with patients.

Question by the evaluation team: Are there APCs who should not be involved in the pilot project after the training phase?

Response by T-20:

- There was one APC who performed the forty cases. But during the next sixty cases, the APC lost confidence and withdrew. APCs have different learning curves. Some might need more one-on-one training than others.
- Another APC had a similar experience. But after more training this APC was able to proceed.
- T-20 indicated the following regarding reporting and shared information:
 - Trainee And Preceptor –The preceptor and trainee work closely together during the first forty cases (shoulder-to-shoulder); during the next sixty, the preceptor is in the clinic and available at all time to the APC.
 - Preceptor and Project Team – No reporting.
 - Preceptor and Site’s Management Team- T-20 report to the Medical Director.
 - Records Management – T-20 relies on the sites research coordinator.
 - Closing Comment: T-20 desires women’s healthcare to be available to the underserved population.
- **T-21** has worked as an associate medical director for Planned Parenthood for six - seven years. T-21 (a) provides abortion care to patients requesting the service at the clinic, supervises (b) medical residents on Mondays and Friday’s, and (c) supervises APCs on Tuesdays. T-21 indicates that the complication rates from the abortion procedures have been very low. T-21 is teaching the medical residents and the APCs low risk abortion procedures and is inspiring them to have good judgment and to know when to call for consultation of the preceptor. T-21 has always been involved in the training of abortion procedures to certified nurse mid-wives, physician assistant and medical resident. Thus, the pilot project is part of that training.
- T-21 has one year experience as a preceptor for this pilot project and states that the preceptor’s role is to train the APCs, side-by-side, until they reach competency. The training is one day per week. T-21 states that the first for the APC is to observe procedures performed by the preceptor until the trainee understands the specific procedure and can perform the procedure. T-21 is always at the clinic when the APCs are present. There are two physicians that serve as backup, if required.
- The site’s research coordinator presents the information regarding a patient who has consented to participate. T-21 evaluates the case and makes the referral to the APC.
- T-21 compares the training of the medical residents to the APCs as follow: “the residents have different knowledge levels, and the APCs take a little slower pace, as expected”. T-21 has trained two APCs and finds that one APC is a faster learner than the other. One of the APCs has more clinical experience e.g. provision of para cervical blocks to abortion care patients. However, the APCs learning curve is adequate.
- T-21 indicates that the APCs have not experienced any unusual occurrences. If a need arises for a patient referral, the preceptor or back-up physicians will evaluate and make the referral. No transfers have been necessary.
- T-21 feels that the preparation for the employment/utilization phase was satisfactory. “The preceptors and trainees need to “cut the apron strings” so that the APCs can

- perform independently. The trainees are involved with post care follow-up during the clinics regular family planning schedule.
- Closing comment: T-21 expects as an outcome of the pilot project are as follows:
 - The APCs will be able to provide safe care.
 - Preceptors train to proficiency and not to number of procedures.
 - The training structure should be that the trainer feels comfortable being responsible so that the training is meticulously given to avoid complications.
 - The care will be available to low income patients. The patients will have access to care.

7. INTERVIEWS WITH THE APCS

A total of four APCs were interviewed during the site visit. Two of the APCs are currently in the employment/utilization phase. Two APCs have just completed the clinical phase and are ready for the employment/utilization phase.

Health & Safety Code

- **Section 128165 (a): The new health skills taught or extent that existing skills have been reallocated**
- **Section 128165 (d): Teaching methods used in the Project**
- **CCR Section 92603 (c): Interviews with project participants and recipients of care**

T-021 is currently in the employment/utilization phase.

- T-021 is a physician assistant and received certification 4 years ago and is a 4 ½ year employee of Planned Parenthood. The inspiration to become a physician assistant was through a family member who provides ob-gyn healthcare to patients. T-021 is embodied with the mission and services provided by Planned Parenthood and sought the opportunity to become a part of the pilot project.
- T-021 has learned the following skills: (a) technical aspects of abortion, (b) management of emotional situations, and (c) being able to focus while being compassionate. T-021 is feels confident, competent and is progressing well. T-021 indicates that the preceptor is amazing, provides step-by-step instruction, and averages 13-15 case per month. T-021 has performed a total of 190 procedures of which 53 procedures were performed during the clinical training phase. The most challenging experience is identifying in the products of conception.
- T-021 comments regarding the course content is a follows:
 - Didactic – The didactic training was intense to challenging and lots of reading. T-021 suggests having small quizzes at the end of each section of the textbook to confirm or reinforce retention, before final examination.
 - Clinical – The clinical training was excellent with hands on experience.
 - Time allocation for training was sufficient. T-021 went on maternity leave during the didactic phase, but returned to complete the training. Clinical training was three weeks with the preceptor.

- T-021 indicates that the pilot project and clinic has a consent process for assigning patients to the APCs. Services that T-021 is providing are: IUD insertions, and para cervical blocks for difficult IUD removals. T-021 indicates that the RNs generally provide the medications to patients. T-021 does administer and para cervical blocks and lidocaine.
- T-021 experienced one difficult case described as follows: T-021 had difficulty in recognizing the pregnancy. The ultrasound did not visualize any products of conception.
- The patient had a bicornuate uterus. The APC required consultation with the physician. The patient received a medical abortion. There were no complications and the APC did have a post discharge follow-up with the patient.
- T-021 indicates that it is difficult to have on going post discharge follow-up with Patients participating in the study because the APCs are not at the training clinical site every day. However, T-021 has experience with follow-up of patients at the parent clinic site.
- T-021 keeps a log of patients seen as part of the study. Comments provided by the preceptor include: T-021 should become more comfortable when dilating the cervix. Response from T-021 to the comments includes “how can the procedure be done better. The assessment log does document the number of procedures provided by T-021.
- T-021 would like to know how the APCs in other Planned Parenthood affiliates are progressing and what comments their preceptors have regarding the training process. T-021 would like to have the preceptor to be available on site during the employment/utilization phase. T-021 is not fully confident doing procedures without the MD nearby.

T-662 has just completed the training phase and is ready to enter the employment/utilization phase of the pilot project.

- T-662 is a physician assistant and has been with Planned Parenthood for three years. T-662 wanted to become a physician until meeting an individual who was a physician assistant. T-662 has provided medication abortions to patients but, desired to learn new skills and sought the opportunity to participate in the pilot program.
- T-662 has learned the following skills: Para cervical block, manual and electric aspirations, and dilations. T-662 is comfortable with the new skills and is progressing well, feels competent with procedures for patients who are pregnant up to gestation periods of 10 weeks, but not entirely competent for gestation periods of 10-12 weeks.
- T-662 has performed 75 procedures.
- T-662 comments regarding the course content is as follows: Didactic – Eight hours of didactic training was not enough time – could have benefitted with more time allocated to this phase. The testing was open book with sixty questions in 2-3 hours.
- T-662 indicated that the SSAs obtain consent from participating patients and assigns patient to the APC. T-662 has performed procedures on 75 patients. About 10-12 procedures per day once a week. T-662 is currently providing IUD insertions, medication abortions, family planning services, and occasional endometrial biopsies. Medications provided: Para cervical blocks.

- T-662 has not made follow-up calls to patient, but, has had training in post abortion care and practice in post abortion IUD placements.
- T-662 keeps a daily assessment log which is reviewed by the preceptor. Comments and discussions include techniques and correction to tenaculum placement and para cervical blocks. T-662 is receptive to suggestions given by the preceptor. T-662 has logged in 75 patient procedures.
- T-662 keeps a procedures log during the e/u phase –has not made any follow-up post abortion calls.
- T-662 would like to see (a) a more user friendly module perhaps a DVD and a statewide APC ability to provide abortion access.

T-678 is currently in the employment/utilization phase.

- T-678 has been a physician assistant for 3 years; was always interested in medicine but did not want to become a physician. T-678 had heard about the project and wanted to learn new skills.
- T-678 has learned the following new skills: para cervical blocks, dilation and aspirations and has performed 140 cases. T-678 is confident ---have not seen any complications.
- The didactic material was straight forward comfortable with the material, is confident enough to ask questions before going to the next step. T-678 would like more back-to back sessions. Time allocated for training was 2 months, 5-15 patients per day. The preceptor does not push you to move forward unless you are ready.
- Participating patients are informed of the project and provide consent to before being assigned to the APC. Services that T-678 is providing include: family counseling, miscarriage management, pregnancy testing and IUD insertions.
- T-678 provides the following medications: para cervical blocks and lidocaine. T-678 has experience one complication in services provided and was describes as a persistent gestational sac. The preceptor came in to assist.
- T-678 has training in post abortion care but no actual practice in follow-up calls to patients.
- T-678 keeps a daily assessment log and has logged in 174 patient procedures. T-678 indicates that the log is great for reviewing progress.
- The research coordinator obtains the patient consent forms. No patient follow-up experience.
- Overall the program is run well. Program team is receptive to concerns, works with another clinician and has numerous conversations regarding the project, participated in the APC/preceptor conference regarding the project.
- T-678 hopes that laws will change that will allow the APC to provide the service.

T-740 is in the employment/utilization phase and is the 'veteran trainee' and was interviewed last year.

- T-740 wishes to share her new experiences. T-740 is a nurse practitioner, has been with Planned Parenthood for 12 years and under the pilot project has logged in 300 procedures. As an NP, T-740 has assisted in 2nd trimester abortions, pap smears and IUD insertions, colposcopies. Under the pilot project, T-740 feels that the opportunity

- provides a great experience, has experienced difficult dilatations and uses ultrasound as a guide through the process.
- T-740 doesn't have time to interface with the other APCs except during case calls.
- T-740 had a great didactic training. T-740 feels that the pre-participation experience with Planned Parenthood was extremely helpful especially as it relates to uterus manipulation, understanding the concepts, the increase in number of procedures provides the APC with an increased level of comfort.

8. CLINICAL RECORDS ASSESSMENT¹

The evaluation team used the Clinical Records Assessment Form to evaluate the medical record abstractions and the patient survey abstraction records.

- **Health & Safety Code**
- **Section 128165 (e): The Quality of Care and Patient Acceptance of the Project**
- **CCR Section 92603: (a) Site visits shall determine that adequate patient safeguards are being utilized.**
 - For the period December 1, 2008 through August 31, 2009, the evaluation team reviewed 38 (3.2 %) of the 1,172 clinical records abstractions of participating patients seen at this site. The sponsor made available 59 clinical records abstractions of participating patients. Due to time constraints, the evaluation team was unable to complete the review of the remaining 21 records.
 - Of the 1,172 participating patients, 716 were seen by the APCs and 456 were seen by clinic physicians. Of the 1,172 patients, 239 declined to be seen by the APC. There were 15 abortion related complication.
 - 214 patients consented to participate but were found ineligible for the study.

Below are the evaluation team summaries of the 38 abstraction records reviewed:

Medical Record Abstraction
Record Number 3178

ICD-9-CM procedure was 635.92. The reimbursement type was not recorded. There were no problems. Patient received contraceptives.

Patient Survey Abstraction

There was a telephone follow-up on the patient after discharge.

Medical Record Abstraction
Record Number 2768

ICD-9-CM procedure was 635.92. The reimbursement type was private insurance.

¹ Medical Records Abstractions were given to the evaluation team members only – Per Deputy Director's instructions.

Patient Survey Abstraction

There was a telephone follow-up on the patient after discharge. The patient did not experience any problems.

Medical Record Abstraction
Record Number 2775

ICD-9-CM procedure was 635.92. The reimbursement type was not recorded.

Patient Survey Abstraction

There was a telephone follow-up on the patient after discharge. The patient did not experience any problems.

Medical Record Abstraction
Record Number 1504

ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal.

Patient Survey Abstraction

The patient requested that they not provide a telephone follow-up call.

Medical Record Abstraction
Record Number 1769

ICD-9-CM procedure was 635.92. The reimbursement type was not recorded.

Patient Survey Abstraction

There were three telephone attempts to follow-up on the patient after discharge. The patient was not reached.

Medical Record Abstraction
Record Number 1685

ICD-9-CM procedure was 635.92. The reimbursement type was not recorded.

Patient Survey Abstraction

There was a telephone follow-up on the patient after discharge. The patient did not experience any problems.

Medical Record Abstraction
Record Number 1688

ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal.

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Patient Survey Abstraction

There was a telephone follow-up on the patient after discharge. The patient did not experience any problems.

Medical Record Abstraction
Record Number 2251

ICD-9-CM procedure was 635.92. The reimbursement type was private insurance.

Patient Survey Abstraction

There was a telephone follow-up on the patient after discharge. The patient did not experience any problems.

Medical Record Abstraction
Record Number 2395

ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal.

Patient Survey Abstraction

There was a telephone follow-up on the patient after discharge. The patient did not experience any problems.

Medical Record Abstraction
Record Number 2625

ICD-9-CM procedure was 635.92. The reimbursement type was recorded as none.

Medical Record Abstraction
Record Number 2705

ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal.

Medical Record Abstraction
Record Number 1223

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as none. The patient did not experience any problems.

Medical Record Abstraction
Record Number 1166

ICD-9-CM procedure was not recorded. The reimbursement type was private insurance.

Patient Survey Abstraction

Patient commented as follows: You made me feel comfortable. Thanks.

Medical Record Abstraction
Record Number 1359

ICD-9-CM procedure was not recorded. The reimbursement type was Medi-Cal.

Medical Record Abstraction
Record Number 1360

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as none.

Medical Record Abstraction
Record Number 1549

ICD-9-CM procedure was not recorded. The reimbursement type was not recorded. Patient did not make a return visit.

Medical Record Abstraction
Record Number 1556

ICD-9-CM procedure was not recorded. The reimbursement type was Medi-Cal.

Medical Record Abstraction
Record Number 1557

ICD-9-CM procedure was not recorded. The reimbursement type was private insurance.

Medical Record Abstraction
Record Number 2843

ICD-9-CM procedure was 635.92.

Medical Record Abstraction
Record Number 3258

ICD-9-CM procedure was 635.92.

Medical Record Abstraction
Record Number 2614

ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal.

Medical Record Abstraction
Clinical Assessment Code AA.²

ICD-9-CM procedure was 635.92.

Medical Record Abstraction
Clinical Assessment Code BB.

ICD-9-CM procedure was 635.92. The reimbursement type recorded was Medi-Cal.

Medical Record Abstraction
Clinical Assessment Code CC.

ICD-9-CM procedure was 635.92. The reimbursement type recorded was Medi-Cal.

Medical Record Abstraction
Clinical Assessment Code DD.

ICD-9-CM procedure was 635.92.

² Some of the record numbers (4 digit clinician code) on the OSHPD-HWPP Clinical Assessment Form for one evaluation team member were not recorded. The column that displayed the 5 digit patient study codes recorded was not duplicated, indicating a single medical record abstraction was reviewed. For this summary report, these records will be identified as clinical assessment code (CAC).

Medical Record Abstraction
Clinical Assessment Code EE.

ICD-9-CM procedure was 635.92. The reimbursement type recorded was Medi-Cal.

Medical Record Abstraction
Clinical Assessment Code FF.

ICD-9-CM procedure was 635.92. The reimbursement type recorded was Medi-Cal.

Medical Record Abstraction
Clinical Assessment Code
(CAC)³ A.

ICD-9-CM procedure was 635.92. The reimbursement type was recorded as none. Comment provided by the reviewer was “Good Care”.

Patient Survey Abstraction

There was no patient follow-up.

Medical Record Abstraction
(CAC) B.

ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal. Comment provided by the reviewer was “Good Care”.

Patient Survey Abstraction

There was patient follow-up

Medical Record Abstraction
(CAC) C.

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as none. Comment provided by the reviewer was “Good Care”.

Patient Survey Abstraction

There was no patient follow-up

Medical Record Abstraction
(CAC) D.

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as none. Comment provided by the reviewer was “Good Care”.

³ The OSHPD-HWPP Clinical Assessment Form for one evaluation team member displayed duplicate record numbers (4 digit clinician study code). The column that displayed the 5 digit patient study codes recorded was not duplicated, indicating a single medical record abstraction was reviewed. For this summary report, these records will be identified as clinical assessment code (CAC).

Patient Survey Abstraction

There was patient follow-up.

Medical Record Abstraction
(CAC) E.

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as Medi-Cal. Comment provided by the reviewer was "Good Care".

Patient Survey Abstraction

There was patient follow-up.

Medical Record Abstraction
(CAC) F.

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as Medi-Cal. Comment provided by the reviewer was "Good Care".

Patient Survey Abstraction

There was patient follow-up.

Medical Record Abstraction
(CAC) G.

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as none. Comment provided by the reviewer was "Good Care".

Patient Survey Abstraction

There was no patient follow-up.

Medical Record Abstraction
(CAC) H.

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as none. Comment provided by the reviewer was "Good Care".

Patient Survey Abstraction

There was no patient follow-up.

Medical Record Abstraction
(CAC) I.

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as none. Comment provided by the reviewer was "retained POC".

Patient Survey Abstraction

Comment provide "N/A".

Medical Record Abstraction
(CAC) J.

ICD-9-CM procedure was 635.9. The reimbursement type recorded was none. Comment recorded was “failed abortion”.

Patient Survey Abstraction

Comment provide “N/A”.

Medical Record Abstraction
(CAC) K.

ICD-9-CM procedure was not recorded. The reimbursement type was recorded as Private. Comment provided by the reviewer was “retained POC.

Patient Survey Abstraction

Comment provide “N/A”.

9. POST-ASSESSMENT TEAM CONFERENCE DISCUSSION

The evaluation team discussed the following during the post assessment team conference:

- Readiness of the APC to Enter the Practice Phase - The evaluation team indicated that the preceptors are wonderful. The evaluation team feels that when the APC leaves the site, the confidence level in performing the trimester procedures decrease somewhat. The number of procedures chosen to bench mark readiness of the APC to move to the employment/utilization phase will have to be debated. The question arose “How do you get to the independent practice phase (employment/utilization)? Implication that there has to be some bench mark to determine readiness to move to the employment/utilization phase.
- APC Learning Curves - The evaluation team is interested in reviewing competency assessment log which reflects the various levels of achievement of an APC, i.e. beginner, intermediate and competency. The evaluation team feels that they could assess the quality of the training and the improvements of the APC better by reviewing the ‘learning curve’ form beginning stages to competency. Suggestion - Visit the HWPP #171 headquarters Office in Oakland to review the observed performance assessments records from the beginning to competency levels.
- APC Conference Calls - One team member would like to see the APCs conference comments or summary/feedback. The conference calls are set-up for APCs to share information and experiences is great and should be held more often.
- Patient Follow-up by the APC – Planned Parenthood finds that follow-up is not required. However, the HWPP #171 pilot project requires post discharge follow-up.
- Site Visit Review Comments – The comments included the following: (a) OSHPD-HWPP should streamline the assessment forms so that the evaluation team can spend more time in the review of record, and (b) move judiciously on the administrative and operations (trainees, trainer, and records). There was a lot of discussion by the evaluation team on medical records review versus chart abstractions that are provided to the evaluation team during site visits.

- Chart Abstraction Issues – Members of the evaluation team felt that the chart abstractions do not provide the information needed on the observations of procedures performed by the APC. Medical records will still need to be addressed with OSHPD legal and HWPP #171 representatives (i.e. Planned Parenthood).
- Feelings About Extension of Project – The HWPP #171 pilot project expires March 31, 2010. The deputy director wanted to assess the evaluation team's feelings about project extension. The evaluation team took a “straw vote” and felt that the project should be extended.